2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P93000056675

1. Entity Name
CARHER CORPORATION

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR 9TH FLR. MIAMI, FL 33131	1001 BRICKELL BAY DR 9TH FLR. MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0435798
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL G
1001 BRICKELL BAY DR
9TH FLR.,
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9 Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERNANDEZ, MARIA A
STREET ADDRESS	1001 BRICKELL BAY DR 9TH FLR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	RAYDO, BEATRIZ
STREET ADDRESS	1001 BRICKELL BAY DR 9TH FLR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	HERNANDEZ, MARIOSY
STREET ADDRESS	1001 BRICKELL BAY DR 9TH FLR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000761813
05/25/07-80071-001 150.00

DO NOT WRITE IN THIS SPACE

12 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatriz M. Raydo 4-26-07 (305) 932 0410
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #